

# California's Health Workforce Development Planning Process

- Primary Goal: Develop a comprehensive strategy for health workforce development in California to meet the diverse needs of the State's population

# Methods of Input

- Literature review of health workforce studies and reports
- Leveraged information from statewide organizations, health professional associations, and research bodies
- Health Workforce Development Council (Council)
- Sub-Committees of the Council - Career Pathways, Planning Ad-Hoc
- Regional Focus Groups
- Public Testimony at Council Meetings

# Broad Themes for Recommendations According to the Coordinated Health Workforce Pathway Model

- Career Awareness
- Academic Preparation and Entry Support/Assessment
- Health Professions Training Program Access
- Training Program Retention
- Internships/Clinical Training
- Financial and Support Systems/Financial and Logistic Feasibility of Training
- Hiring and Orientation
- Retention and Advancement
- Coordinating Infrastructure
- Cultural Responsiveness and Sensitivity
- ARE THERE OTHERS?

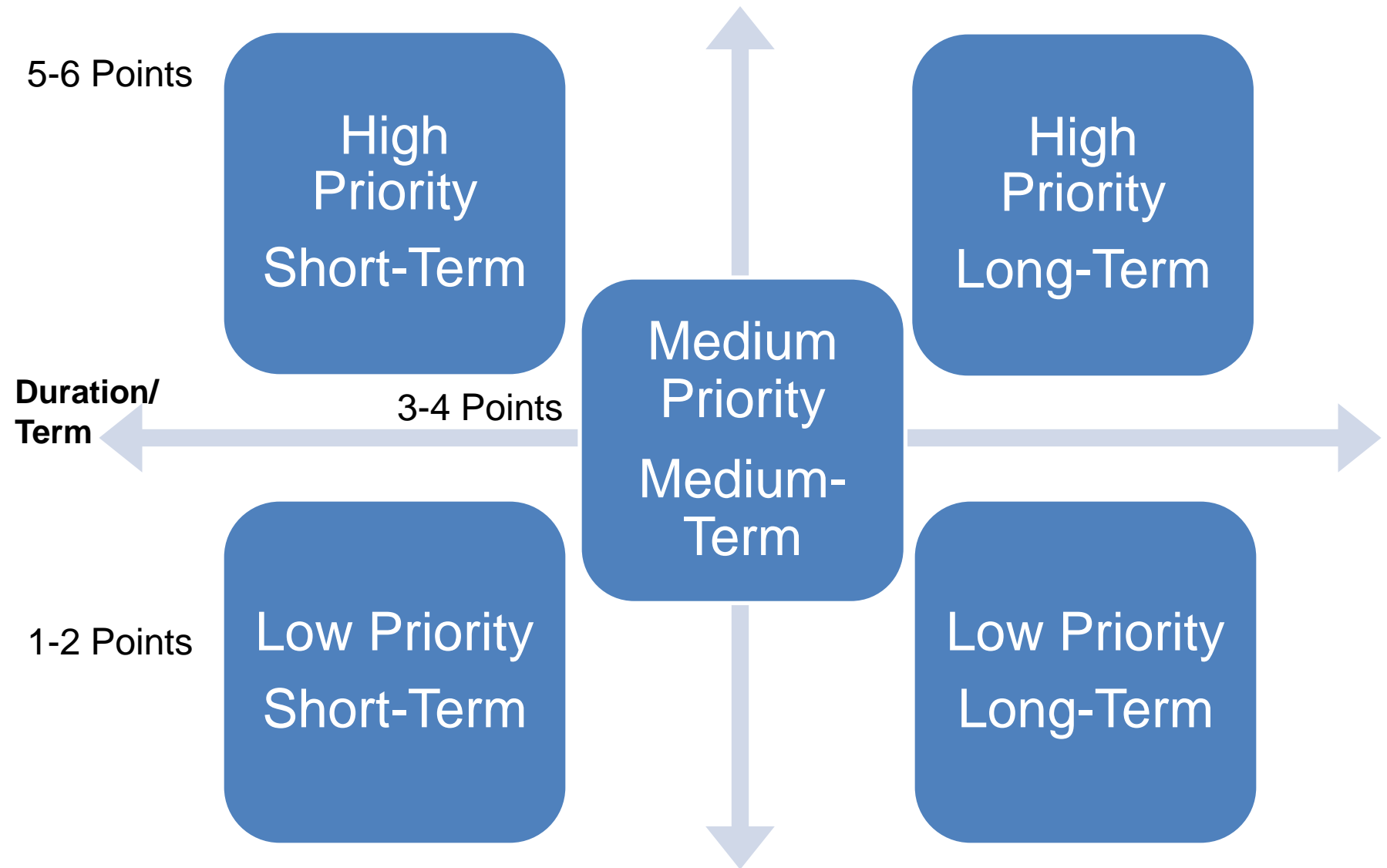
# Priority Setting Criteria

- Immediate increases to workforce supply or capacity for health professions in-demand
- Impact to California's population, particularly those with unmet health needs and those in underserved areas
- Potential economic impact
- Evidence base for outcomes or to demonstrate need
- Political feasibility
- Timeliness/Time to action
- ARE THERE OTHERS?

# Priority Setting Criteria

Criteria	Value
1. Immediate increases to workforce supply or capacity for health professions in-demand.	1
2. Impact to California's population, particularly those with unmet health needs and those in underserved areas	1
3. Potential economic impact (Regional and/or State)	1
4. Evidence base for outcomes or to demonstrate need	1
5. Political feasibility	1
6. Timeliness/Time to Action	1
Are there Others?	

# Priority Setting Quadrant



# OSHPD-CWIB Questions and Responses about Prioritizing Themes

- What specific criteria should be used to identify priorities, and sequencing?
  - Criteria has been identified to determine priority. Each criterion has a value of 1.
  - Definitions have also been composed to determine whether implementation of the recommendation can be done in the short, medium or long-term.
- How should the Council set priorities to ensure equitable access to health care, particularly for Californians in medically underserved areas?
  - Using information gathered from various input methods, the Council should prioritize recommendations as high priority, short-term; high priority, long-term; medium priority, medium-term; low priority, short-term and low-priority long-term using the quadrant approach. The quadrants and the center point of the axis will be numbered 1-5.
- Where are cost considerations introduced?
  - After the recommendations are prioritized OSHPD-CWIB staff will do research and analysis to determine costs.
- How do we ensure broad stakeholder engagement?
  - Continue the public meeting process for Council and Sub-Committee meetings to ensure that all who have a vested interest in growing California's workforce to meet the needs of the state's population are given an opportunity to be heard.
- At what phase during the prioritization process do we identify action steps? Champions?
  - Action required will be identified once the recommendations are categorized according to priority and term.
  - Champions will be identified once feedback is provided by the Administration. Champions may be identified in two phases . Phase 1 may identify who is generally responsible a public agency, public-private partners, or the private sector.
  - In phase 2, where State revenue is required, champions may be identified through a competitive bid process and interagency agreements . When State revenue is not required the State may develop agreements with organizations who have the staff capacity and subject matter expertise to lead the implementation of a recommendation.